



2016 EMPLOYEE BENEFIT HIGHLIGHTS

IMPORTANT CONTACT INFORMATION

The Village of Wellington		
Contact Information		
Human Resources Department	Phone: (561) 791-4116	Fax: (561) 791-4178
Payroll & Benefits	Phone: (561) 791-4153	Fax: (561) 791-4178
Risk Management Department / Workers' Compensation	Phone: (561) 791-4021	Fax: (561) 791-4178
Service	Provider	Contact Information
Group Insurance Agency	Gehring Group	Customer Service: (561) 626-6797 Email: Wellington@gehringgroup.com www.gehringgroup.com
Online Enrollment	BenTek	Customer Service: (888) 523-6835 Email: support@mybentek.com www.mybentek.com/wellington
Medical Insurance	Cigna	Customer Service: (800) 244-6224 www.cigna.com
Prescription Drug Coverage & Mail-Order Program	Cigna Home Delivery	Customer Service: (800) 285-4812 www.cigna.com
Health Reimbursement Account	Chard Snyder	Customer Service: (800) 982-7715 www.chard-snyder.com
Dental Insurance	Dental Decisions Administered by Anchor Benefit Consulting, Inc.	Customer Service: (800) 845-7629 www.anchorbenefit.com
Vision Insurance	Humana	Customer Service: (866) 537-0229 www.humanavisioncare.com
Flexible Spending Accounts	Chard Snyder	Customer Service: (800) 982-7715 www.chard-snyder.com
Basic and Voluntary Life & AD&D Insurance	Cigna	Customer Service: (800) 732-1603 www.cigna.com
Short and Long Term Disability Insurance	Cigna	Customer Service: (800) 732-1603 www.cigna.com
Employee Assistance Program	Aetna Resources for Living	24-Hour Hotline: (800) 272-7252 www.mylifevalues.com
Supplemental Insurance	Aflac	Agent: Chris Teasdale Phone: (561) 371-3843 Email: chris_teadale@us.aflac.com www.aflac.com
Legal & Identity Theft Plan	LegalShield	Agent: Don Thompson Phone: (239) 549-4746 Email: donthompson@legalshieldassociate.com www.legalshield.com/info/standardplan
Retirement Plans	FRS	Customer Service: (850) 488-8837 www.myfrs.com
	ICMA Retirement Corporation	Customer Service: (800) 669-7400 www.icmarc.org
	Florida Municipal Pension Trust	Customer Service: (800) 342-8112 www.flc Retirement.com

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Introduction

The Village of Wellington provides a comprehensive compensation package including group insurance benefits. The Employee Benefit Highlights Booklet provides a general summary of these benefit options as a convenient reference. Please refer to Wellington's Policies, applicable Contracts and/or Certificates of Coverage for detailed descriptions of all available employee benefit programs and stipulations therein. If you require further explanation or need assistance regarding claims processing, please refer to the customer service telephone numbers under each benefit description heading or contact the Human Resources Department at (561) 753-2585.

Notices

COBRA Continuation of Medical Coverage Benefits

Under the Consolidated Omnibus Budget Reconciliation Act (COBRA), employees and/or dependents may be able to continue their enrollment in certain health plans such as medical and dental, if such coverage is terminated or changed due to a qualifying event.

Medicare Part D Creditable Coverage

The Village of Wellington's prescription drug coverage is considered Creditable Coverage under Medicare Part D. If you or your dependents are or will be eligible for Medicare, you may obtain more information by requesting a Medicare Part D Disclosure of Creditable Coverage Notice.

Notice of Privacy Practice of The Village of Wellington

The Village of Wellington's Privacy Notice is available and you can obtain a copy by contacting the Human Resources Department.

More information is available on the above notices by contacting the Human Resources Department.

Online Benefit Enrollment

BenTek

Technical Support - E-mail: support@mybentek.com

Technical Support - Telephone: (888) 5-BenTek (523-6835)

The Village of Wellington will continue to provide an electronic enrollment through BenTek's Employee Benefits Center (EBC). The EBC provides benefit eligible employees the ability to make group insurance benefit elections and changes online during the annual open enrollment, new hire orientation and qualifying events module.

Open enrollment has never been easier. Accessible 24 hours a day during the open enrollment process, information about all of your employee benefit election options, including premiums and carrier contact information, is available to help you make informed decisions. You can also log on to the EBC at any time to review your benefits, access carrier links, update life insurance beneficiaries, and report qualifying events.



Accessing BenTek:

- Log on to www.mybentek.com/wellington.
- Sign in by using your previously created username and password or follow the instructions to set up your own username and password. You may contact BenTek support at (888) 5-BenTek (523-6835) for assistance.
- Enter BenTek to review current elections, learn about your benefit options, and make any elections or changes.
- You may also update your life insurance beneficiary designation(s).
- You have the option to print out your enrollment summary statement containing all your benefit elections for you and your family including your life insurance beneficiary designations.

If any technical questions arise while visiting the EBC, please email BenTek Support at support@mybentek.com or call **(888) 5-BenTek (523-6835)**, Monday through Friday, from 8:30 a.m. to 5:00 p.m.

To access your group insurance benefits online, log on to www.mybentek.com/wellington.

Summary of Benefits and Coverage

A **Summary of Benefits & Coverage (SBC)** for the Medical Plan is **provided as a supplement** to this booklet which is being distributed to new hires and existing employees during open enrollment. The summary is an important item in understanding your benefit options. Free paper copies of the SBC document may be requested or are also available as follows:

From: Human Resources Department
Address: 12300 W. Forest Hill Blvd.
Wellington, FL 33414
Phone: (561) 791-4063
Through the enrollment software – BenTek: www.mybentek.com/wellington

The SBC is only a summary of the plan's coverage. A copy of the plan document, policy, or certificate of coverage should be consulted to determine the governing contractual provisions of the coverage. A copy of the actual group certificate of coverage can be reviewed and obtained by contacting the Human Resources Department or at the following web address: www.mybentek.com/wellington.

If you have any questions about the plan offerings or coverage options, please contact the Human Resources Department at (561) 791-4063.

Group Insurance Eligibility

The Village of Wellington's group insurance plan year is January 1st through December 31st.

Employee Eligibility

Employees are eligible to participate in Wellington's insurance plans if they are full-time employees working a minimum of 40 hours per week. Employees who work less than 40 hours per week may be eligible for medical coverage under the Affordable Care Act, if they meet certain requirements. Coverage will be effective the 1st of the month following 30 days of employment. For example: If you are hired on April 11th, your coverage will be effective on June 1st.

Termination

If you separate employment from Wellington, medical, dental and vision insurance will continue through the end of the month in which the separation occurred. COBRA continuation of coverage may be available as applicable by law.

Dependent Eligibility

A dependent is defined as the legal spouse/domestic partner and/or dependent child(ren) of the participant or the spouse/domestic partner. The term "child" includes any of the following:

- A natural child
- A foster child
- A child for whom legal guardianship has been awarded to the participant or the participant's spouse/domestic partner
- A stepchild
- A newborn (up to age 18 months) of a covered dependent (Florida)

Medical Coverage: Dependent children may be covered through the end of calendar year in which they turn 26.

Over-age dependents may continue to be covered under the medical plan to the end of the calendar year in which the dependent reaches the age of 30, if the dependent meets the following requirements:

- Unmarried with no dependents; AND
- A Florida resident, or full-time or part-time student; AND
- Otherwise uninsured; AND
- Not entitled to Medicare benefits under Title XVIII of the Social Security Act, unless the child is handicapped.

Dental Coverage: Dependent children may be covered through the end of the calendar year in which they turn 30.

Vision Coverage: Dependent children may be covered through the end of the month in which they turn 26; if primarily dependent upon the member for support AND living in their house OR a full/part-time student.

Please see the Taxable Dependents section below if you are covering eligible over-age dependents.

Disabled Dependents

Coverage for an unmarried dependent child may be continued beyond age 26 if:

1. The dependent is physically or mentally disabled and incapable of self-sustaining employment (prior to age 26); AND
2. Primarily dependent upon the member for support; AND
3. The dependent is otherwise eligible for coverage under the group medical plan; AND
4. The dependent has been continuously insured; AND
5. Coverage with the Village of Wellington began prior to the age of 26.

Proof of disability will be required upon request. Please contact the Human Resources Department if further clarification is required.

Taxable Dependents

Employees covering adult children under their medical and dental insurance plans may continue to have the related coverage premiums payroll deducted on a pre-tax basis through the end of the calendar year in which the child reaches age 26. Beginning January 1st of the calendar year in which the child reaches age 27 through the end of the calendar year in which the child reaches age 30, imputed income for the value of the applicable adult child's coverage for the coverage period must be reported on the employee's W-2. Imputed income is the dollar value of insurance coverage attributable to covering the adult child. There is no imputed income if an adult child is eligible to be claimed as a dependent for federal income tax purposes on the employee's tax return. Check with the Human Resources Department for further details if you are covering an adult child who will turn 27 any time in the upcoming calendar year or for more information.

Group Insurance Eligibility *(continued)*

Domestic Partner Coverage

To qualify for domestic partner benefits, an employee is required to submit a copy of a fully executed, notarized and recorded Declaration of Domestic Partnership form as required by Palm Beach County, Florida Ordinance 2006-002. Please visit www.pbcountyclerk.com and click on “Domestic Partnership” for the application, fees and additional information. If an employee is not a resident of Palm Beach County but has registered or otherwise legally established a partnership in another jurisdiction, Wellington will recognize the partnership, upon receipt of appropriate documentation and extend the same rights to an employee as if they had registered in Palm Beach County. Per IRS rules, an employee may not receive a tax advantage on any portion of premium attributable to a domestic partner; therefore, the entire portion of the premium attributable to domestic partner coverage for the period of coverage, including the value of the coverage for a domestic partner’s child(ren), will be deducted on a post-tax basis. The employee is responsible for ensuring payment of all premiums on behalf of the domestic partner and his or her child(ren) (if enrolled). Wellington does not provide any subsidy for domestic partner coverage.

Qualifying Events and IRS Code Section 125

IRS Code Section 125

Premiums for medical, dental, vision insurance, certain Aflac policies and contributions to FSA accounts (Health Care and Dependent Care FSAs) are deducted through a Cafeteria Plan established under Section 125 of the Internal Revenue Code (IRC) and are pre-tax to the extent permitted. Under Section 125, changes to your pre-tax benefit can be made **ONLY** during the Open Enrollment period unless you or your qualified dependents experience a qualifying event and the request to make a change is made within 30 days of the qualifying event.

Under certain circumstances, you may be allowed to make changes to your benefit elections during the plan year, if the event affects your own, your spouse’s, or your dependent’s coverage eligibility. An “eligible” qualifying event is determined by the Internal Revenue Service (IRS) Code, Section 125. Any requested changes must be consistent with and on account of the qualifying event.

Examples of Qualifying Events:

- You get married or divorced
- Birth of a child
- You gain legal custody or adopt a child
- Your spouse and/or other dependent(s) die(s)
- You, your spouse, or dependent(s) terminate or start employment
- An increase or decrease in your work hours causes eligibility or ineligibility
- A covered dependent no longer meets eligibility criteria for coverage
- A child gains or loses coverage with an ex-spouse
- Change of coverage under an employer’s plan
- Gain or loss of Medicare coverage
- Losing eligibility for coverage under a State Medicaid or CHIP (including Florida Kid Care) program (60 day notification period)
- Becoming eligible for State premium assistance under Medicaid or CHIP (60 day notification period)

IMPORTANT

If you experience a qualifying event, *you must contact the Human Resources Department within 30 days of the qualifying event* to make the appropriate changes to your coverage. Beyond 30 days, requests will be denied and the employee may be responsible both legally and financially for any claim and/or expense incurred as a result of the employee or a dependent who continues to be enrolled but no longer meets eligibility requirements. If approved, changes will take place in accordance with the carrier’s policies and procedures. You may be required to furnish valid documentation supporting a change in status or “Qualifying Event.”

MD Now Medical Centers

The Summary of Benefits and Coverage (SBC) Supplement, provided in addition to this Employee Benefit Highlights Booklet, is your primary source of information regarding the MD Now Medical Center. The information contained in this Booklet regarding the MD Now Medical Center is intended to supplement your SBC Supplement. If any information in this booklet unintentionally conflicts with the SBC Supplement, the SBC Supplement information prevails. If you have any additional questions regarding the MD Now Medical Center, please contact the Human Resources Department at (561) 791-4063.

MD Now Medical Centers
www.MyMDNow.com

Wellington/Royal Palm Beach Location
11551 Southern Blvd., Ste. 4
Royal Palm Beach, FL 33411
Office: (561) 798-9411

Greenacres/Palm Springs Location
6868 Forest Hill Boulevard
Greenacres, FL 33413
Office: (561) 967-8771

MD Now Medical Centers

The Village of Wellington has partnered with MD Now Medical Centers to provide Primary and Urgent Care services at little to no cost to eligible employees and their dependents currently enrolled in the Cigna medical insurance through Wellington.

Why Choose MD Now Medical Centers?

- Discounted medical services
- Online scheduling
- Convenient location and great staff
- 100% confidential and HIPAA compliant
- Certified by the Urgent Care Association of America

What services can be performed at MD Now Medical Centers?

- Urgent Care
- Complete Diagnostic Services - Lab testing, rapid flu, strep tests and more
- Digital X-rays and EKGs
- Stitches and Wound Repair
- Wellness Services
- Occupational Medicine
- Physical Therapy
- Primary Care - **Wellington & Greenacres locations ONLY**

Prescription Medications

MD Now Medical Center staff can prescribe medication for a variety of conditions. For Primary Care visits, the staff can prescribe medication for chronic conditions, such as high blood pressure and acid reflux. For Urgent Care visits, the staff will provide up to 2 in-stock medicines at no charge for acute conditions, such as the cold or flu. Please note mail-order pharmacy services are available if needed.

Accessing the MD Now – Wellington & Greenacres Locations

Appointments are required for Primary Care visits and **must be scheduled 24 hours in advance** by calling either the Wellington or Greenacres locations. Walk-ins are considered Urgent Care and will be accommodated based on the location's appointment times and severity of the medical issue. For all visits, employees should bring their photo ID, **Cigna insurance card**, and **MD Now Employee Benefits Card**.

Hours of Operation			
Primary Care - Wellington & Greenacres Locations ONLY		Urgent Care - All Palm Beach, Broward and Miami-Dade County Locations	
Monday - Friday	8am - 5pm	Sunday - Saturday	8am - 8pm

2016 Plan Year Rates

The Summary of Benefits and Coverage (SBC), provided in addition to this Employee Benefit Highlights Booklet, is your primary source of information regarding your Cigna medical plan. The information contained in this Booklet regarding your medical plan is intended to supplement your SBC and accompanying definitions. If any information in this booklet unintentionally conflicts with the SBC or accompanying definitions, the SBC information prevails. If you have any additional questions regarding the plan, please contact Cigna's Customer Service at (800) 244-6224.

The Village of Wellington offers medical insurance through Cigna to benefit eligible employees. The employee costs for coverage are listed in the premium table below. **For information about your medical plan, please refer to the Summary of Benefits and Coverage (SBC) provided.**

Medical Insurance – Cigna Open Access Plus Plan Monthly Payroll Deductions

Tier of Coverage	Employee Cost	Total Monthly Cost
Employee Only	\$25.00	\$740.14
Employee + Spouse/Domestic Partner	\$232.00	\$1,587.41
Employee + Child(ren)	\$176.00	\$1,371.88
Employee + Family	\$400.00	\$2,219.12

How To Locate A Provider

To search for a participating provider, contact Cigna's Customer Service or visit www.cigna.com and select the "Find a Doctor" tab. Choose the "For Plans Offered Through Work..." directory, then click on "Select a Plan" and choose the "**Open Access Plus**" plan. Complete the additional search criteria and click "Search."

Other Available Plan Resources

Cigna offers to all enrolled members and dependents additional services and discounts through value added programs. **For more details regarding other available plan resources, please refer to your Summary of Benefits and Coverage (SBC).**

Medical Insurance: Cigna Open Access Plus Plan At-A-Glance

The Summary of Benefits and Coverage (SBC), provided in addition to this Employee Benefit Highlights Booklet, is your primary source of information regarding your Cigna medical plan. The information contained in this Booklet regarding your medical plan is intended to supplement your SBC and accompanying definitions. If any information in this booklet unintentionally conflicts with the SBC or accompanying definitions, the SBC information prevails. If you have any additional questions regarding the plan, please contact Cigna's Customer Service at (800) 244-6224.

Network	Open Access Plus	
Calendar Year Deductible (CYD)	In Network	Out of Network
Single	None	\$500
Family	None	\$1,000
Coinsurance	In Network	Out of Network
Member Responsibility	0% After CYD	20% After CYD
Calendar Year Out-of-Pocket Limit	In Network	Out of Network
Single	\$1,500	\$2,500
Family	\$3,000	\$5,000
What Applies to the Out-of-Pocket Limit?	Deductible, Coinsurance and Copays (Includes Rx)	
Physician Services	In Network	Out of Network**
Primary Care Physician (PCP) Office Visit	\$10 Copay	20% After CYD
Specialist Office Visit	\$25 Copay	20% After CYD
Freestanding Facility; Non-Hospital Services	In Network	Out of Network**
Clinical Lab (Blood Work): LabCorp or Quest*	No Charge	20% After CYD
X-rays	No Charge	20% After CYD
Advanced Imaging (MRI, PET, CT)	\$125 Copay	20% After CYD
Outpatient Surgery in Surgical Center	\$125 Copay	20% After CYD
Physician Services at Surgical Center	No Charge	20% After CYD
Hospital Services	In Network	Out of Network**
Inpatient Hospital (Per Admission)	\$250 Copay	20% After CYD
Outpatient Hospital (Per Visit)	\$125 Copay	20% After CYD
Physician Services at Hospital	No Charge	20% After CYD
Emergency Room (Per Visit; Waived if Admitted)	\$100 Copay	\$100 Copay
Urgent Care (Per Visit)	\$35 Copay	\$35 Copay
Mental Health / Alcohol & Substance Abuse	In Network	Out of Network**
Inpatient Hospitalization (Per Admission)	\$250 Copay	20% After CYD
Outpatient Services (Per Visit)	\$10 Copay	20% After CYD
Physician Office Visit	\$10 Copay	20% After CYD
Prescription Drugs (Rx)	In Network	Out of Network**
Generic	\$10 Copay	40%
Preferred Brand	\$30 Copay	
Non-Preferred Brand	\$50 Copay	
Mail Order Drug (90 Day Supply)	2.5x Retail Copay	

***LabCorp or Quest Diagnostics are the preferred labs for bloodwork through Cigna. When using a lab other than LabCorp or Quest, please be sure to confirm they are contracted with Cigna's Open Access Plus Network prior to receiving services.**

****Out-Of-Network Balance Billing:** For information regarding Out-of-Network Balance Billing that may be charged by an out-of-network provider, please refer to the Out-of-Network Benefits section on the Summary of Benefits and Coverage (SBC).

Health Reimbursement Account

The Summary of Benefits and Coverage (SBC) Supplement, provided in addition to this Employee Benefit Highlights Booklet, is your primary source of information regarding your Health Reimbursement Account (HRA). The information contained in this Booklet regarding your HRA is intended to supplement your SBC Supplement. If any information in this booklet unintentionally conflicts with the SBC Supplement, the SBC Supplement information prevails. If you have any additional questions regarding the plan, please contact Chard Snyder's Customer Service at (800) 982-7715.

Chard Snyder

Customer Service: (800) 982-7715

www.chard-snyder.com

The Village of Wellington provides a Health Reimbursement Account (HRA) through Chard Snyder. HRA monies are funded by the Village and can be used for any qualified medical expenses as defined by Section 213(d) of the Internal Revenue Code that are incurred under the medical plan such as deductibles and coinsurance for physician services, hospital services and prescription drugs, etc. The HRA monies provide tax-free funds to cover those expenses incurred under the medical plan. All eligible employees enrolled in the Cigna Open Access Plus Plan will receive \$1,065.00. Employees who do not elect medical coverage under Wellington's medical plan, but enroll in dental and/or vision coverage will receive a "Limited Purpose HRA" (which will be limited to dental and vision expenses only). **Please Note: employees who do not elect any coverage will not receive the HRA on January 1, 2016 due to new regulations under the Patient Protection and Affordable Care Act.**

Limited Purpose HRA

A Limited Purpose HRA for employees that are NOT enrolled in the Cigna Open Access Plus Plan but ARE ENROLLED in dental or vision coverage will be offered for the 2016 plan year. The funding amount will be the same at \$1,065.00, however, reimbursement is only for eligible dental and vision expenses allowed under section 213(d).

How does it work?

When you incur an eligible expense, you can pay the charge with your HRA debit card instead of paying from your wallet now and waiting for reimbursement later. You can utilize your debit card at health care providers and pharmacies that are providers of qualified health care services and accept debit MasterCard. The Limited Purpose HRA debit card can be used at dental and vision providers that accept the debit MasterCard.

Do I still need to keep my receipts?

Yes. During the year, you should keep all receipts and documentation for prescriptions and health related expenses for all transactions so that you have them if needed to verify a claim for Chard Snyder or for IRS taxes. If asked to produce documentation, a valid Explanation of Benefits (EOB) and receipt of payment for the services rendered will be sufficient.

How can I find my available HRA/Limited Purpose HRA balance?

You can check your available balance, activity and account history (for either account) at anytime on www.chard-snyder.com or you can call (800) 982-7715.

Can all of my family members utilize the HRA debit card?

Yes, however, you are provided with one debit card with your name on it. You may request additional cards, personalized for your spouse or dependents age 18 or older, by calling (800) 982-7715.

Am I still able to access the HRA/Limited Purpose HRA without the debit card?

Yes. If your provider or merchant does not accept MasterCard debit cards or you choose not to use it, simply pay for your expenses and submit a request for reimbursement. Make sure when you submit your reimbursement form you supply the appropriate documentation such as an EOB and receipt of payment for the services rendered.

What happens to my unused HRA funds at the end of the plan year?

Any remaining balance in your HRA/Limited Purpose HRA at the end of the plan year will be automatically rolled forward to the next plan year as long as you are an active participant.

Health Reimbursement Account *(continued)*

The Summary of Benefits and Coverage (SBC) Supplement, provided in addition to this Employee Benefit Highlights Booklet, is your primary source of information regarding your Health Reimbursement Account (HRA). The information contained in this Booklet regarding your HRA is intended to supplement your SBC Supplement. If any information in this booklet unintentionally conflicts with the SBC Supplement, the SBC Supplement information prevails. If you have any additional questions regarding the plan, please contact Chard Snyder's Customer Service at (800) 982-7715.

What happens to my unused HRA funds if I discontinue participation in the HRA plan, separate employment, or retire from the Village of Wellington?

Once you are enrolled in the Village HRA/LPHRA plan for three full plan years (January 1 – December 31), you may be vested, meaning that you may have rights to use the accumulated funds even after you leave employment. Generally, if you retire you may continue to use the HRA/Limited Purpose HRA as normal for the remainder of the plan year. Any unused funds after the claim filing deadline for that plan year are then rolled into a Retiree Health Savings (RHS) plan if you are fully vested in the program. Contact the Human Resources Department for more details about the process.

Distributions From an HRA

Generally, distributions from an HRA must be paid to reimburse you for qualified health care expenses you have incurred. The expense must have been incurred on or after the date you are enrolled in the HRA.

What is the difference between an HRA and an FSA?

Health Reimbursement Account (HRA)

- Employer Funded Account
- Enrollment is automatic if enrolled in medical plan
- Funds used for eligible medical expenses for you and your dependents who are enrolled in medical plan
- Unused funds accumulate and roll over year to year

Flexible Spending Accounts (FSA)

- Employee Funded Accounts
- You must enroll annually
- Funds used for eligible medical, dental, vision & dependent care for you and your qualified dependents
- Unused funds will be forfeited at the end of the plan year (once the filing deadlines have expired).

If you have the HRA and also elect an FSA, your FSA monies will be used first since it is employee funded and does not rollover from year to year.

What are some examples of qualified expenses that would be eligible for reimbursement?

- | | | |
|--------------------------------------|---------------------------------------|---------------------------------|
| • Acupuncture | • Doctor Fees | • In Vitro Fertilization |
| • Ambulance Service | • Drug Addiction/Alcoholism Treatment | • Nursing Services |
| • Birth Control Pills | • Prescription Drugs | • Orthodontic Fees |
| • Chiropractic Care | • Experimental Medical Treatment | • Surgery |
| • Contact Lenses (Corrective) | • Eyeglasses | • Medically Necessary Sunscreen |
| • Dental Fees | • Hearing Aids and Exams | • Wheelchairs |
| • Diagnostic Tests/Health Screenings | • Injections and Vaccinations | |

**For information on these methods, see Revenue Ruling 2003-43 on page 935 of Internal Revenue Bulletin (IRB) 2003-21 at www.irs.gov/pub/irs-irbs/irb03-21.pdf, and Notice 2006-69, 2006-31 I.R.B. 107 available at www.irs.gov/irb/2006-31_IRB/ar10.html.*

Dental Insurance: Direct Assignment Plan

Dental Decisions

Administered by Anchor Benefit Consulting, Inc.

Customer Service & Claims Department: (800) 845-7629

Fax: (407) 667-8765

www.anchorbenefit.com

Claims Mailing Address:

Anchor Benefit Consulting, Inc.

P.O. Box 945260

Maitland, FL 32784

Email Claims: claims@anchorbenefit.com

Payer ID#: 53085

Dental Insurance – Direct Assignment Plan Monthly Payroll Deductions

Tier of Coverage	Employee Cost	Total Monthly Cost
Employee Only	\$0.00	\$54.30
Employee + Spouse/Domestic Partner	\$8.31	\$85.12
Employee + Child(ren)	\$12.26	\$99.80
Employee + Family	\$16.22	\$114.48

The Village of Wellington offers a “Direct Assignment” dental plan through Dental Decisions as administered by Anchor Benefit Consulting, Inc. A Direct Assignment plan pays benefits according to the dollars spent on dental care versus the type of dental treatment received (Preventative, Basic, or Major). The plan provides benefits regardless of the dental provider you visit; no network restrictions apply.

Dental Plan Summary

- The plan covers 100% of the first \$400 spent on dental care each year. This is more than enough to cover the cost of two cleanings per year and the recommended number of x-rays.
- The plan then pays 60% of all remaining charges until the employee reaches their annual benefit maximum of \$2,000.
- Orthodontia is covered at 60% to a lifetime maximum of \$2,000.
- There are no deductibles associated with this plan and employees may visit the dentist of their choice.
- If their dentist accepts “assignment”, meaning the dentist is willing to contact Dental Decisions to verify coverage and file the claim, the employee would pay only the portion of the bill that would not be covered by the plan.
- If the dentist does not accept assignment, the employee must make payment in full and submit a claim to Dental Decisions for reimbursement. The employee would then be reimbursed the amount paid less a \$5 processing fee.

Vision Insurance: Humana VisionCare Plan

Humana

Customer Service: (866) 537-0229

www.humanavisioncare.com

The Village of Wellington offers vision insurance through Humana. A brief description of the Humana VisionCare Plan is provided below, and the premium payroll deductions are shown on the table to the right. A summary of benefits is provided on the following page. For detailed coverages, exclusions and stipulations, please refer to the carrier's benefit summary or contact Humana's Customer Service.

Vision Insurance – Humana VisionCare Plan
Monthly Payroll Deductions

Tier of Coverage	Employee Cost	Total Monthly Cost
Employee Only	\$0.00	\$3.74
Employee + Spouse/Domestic Partner	\$1.56	\$7.46
Employee + Child(ren)	\$4.24	\$13.80
Employee + Family	\$5.80	\$17.52

In-Network Benefits

The vision plan offers you and your covered dependents coverage for routine eye care, including eye exams, eyeglasses (lenses and frames) or contact lenses. To schedule an appointment, covered members can select any network provider that participates in the **VisionCare Plan**. At the time of service, routine vision examinations and basic optical needs will be covered as shown on the plan's schedule of benefits. Cosmetic services and upgrades will be additional if chosen at the time of your appointment.

Out-of-Network Benefits

You may also choose to receive services from vision providers that do not participate in the vision network. If you go out of network you would be required to make payment at the time of your appointment. Humana will then reimburse you based on the plan's out-of-network reimbursement schedule upon receipt of proof of services rendered.

How to Locate a Provider

To search for a participating provider, contact Humana's Customer Service or visit www.humanavisioncare.com. Under the "HumanaVision VCP Tools" box, select "How to find a HumanaVision VCP provider." Click on the "HumanaVision VCP provider locator tool" link, complete the search criteria and click "Search."

Calendar Year Deductible

There is no Calendar Year Deductible.

Calendar Year Out-of-Pocket Maximum

There is no Out-of-Pocket Maximum. However, there are benefit reimbursement maximums for certain services.

Please Note the Following:

- Members receive additional fixed copayments on lens options including anti-reflective and scratch-resistant coatings.
- Members also receive a 20% retail discount on a second pair of eyeglasses. This discount is available for 12 months after the covered eye exam, and is available through the VCP network provider who sold the initial pair of eyeglasses.
- After copay, standard polycarbonate available at no charge for dependents under age 19.
- Lasik discount program available, please contact Humana's Customer Service for more information.

Vision Insurance: Humana VisionCare Plan At-A-Glance

Services	In Network	Out of Network
Eye Exam	\$10 Copay	Up to \$35 Reimbursement
Frequency of Services	In Network	Out of Network
Examination	12 Months	
Lenses	12 Months	
Frames	24 Months	
Contact Lenses	12 Months	
Lenses	In Network	Out of Network
Single	Covered at 100% After \$15 Materials Copay	Up to \$20 Reimbursement
Bifocal		Up to \$40 Reimbursement
Trifocal		Up to \$60 Reimbursement
Frames	In Network	Out of Network
Allowance	Up to \$35 Wholesale Allowance	Up to \$35 Reimbursement
Contact Lenses*	In Network	Out of Network
Non-Elective (Medically Necessary) <i>Prior Authorization Required</i>	Covered at 100%	Up to \$150 Reimbursement
Elective (Fitting, Follow-up & Lenses)	Up to \$100 Retail Allowance	Up to \$100 Reimbursement

***Contact lenses are in lieu of spectacle lenses and a frame.**

Flexible Spending Accounts

Chard Snyder
Customer Service: (800) 982-7715
www.chard-snyder.com

Mailing Address for Claims:
3510 Irwin Simpson Road
Mason, OH 45040
Fax Claims To: (888) 245-8452

The Village of Wellington offers Flexible Spending Accounts (FSAs) administered through Chard Snyder.

If you have predictable health care expenses for yourself or your family, such as deductibles and copays, or any work-related day care expenses, FSAs may be right for you. FSAs allow you to set aside money for reimbursement of health and day care expenses you regularly pay. The amount you set aside is not taxed and is automatically deducted from your paycheck and deposited into the FSA. During the year, you have access to this account for reimbursement of some expenses that are not covered by insurance. An FSA not only results in a substantial tax savings, it also increases your spending power. There are two types of FSAs:

Health Care Reimbursement Account	Dependent Care Reimbursement Account
<p>This account allows you to set aside up to an annual maximum of \$2,550. This money will not be taxable income to you and can be used to offset the cost of a wide variety of eligible health care expenses that generate out-of-pocket costs for you or your qualified dependents. Employees can also receive reimbursement for expenses related to dental and vision care (that are not classified as cosmetic).</p> <p>Examples of common expenses that qualify for reimbursement are listed below.</p> <p>*NOTE: The entire Health Care FSA election is available to you on the first day coverage is effective.</p>	<p>This account allows you to set aside up to an annual maximum of \$5,000 if you are single or married and file a joint tax return (\$2,500 if you are married and file a separate tax return) for work-related day care expenses. Qualified expenses include adult and child day care centers, preschool, and before/after school care for eligible children and adults.</p> <p>Please note that if your family's annual income is over \$20,000, this reimbursement option will most likely save you more money than the dependent care tax credit you take on your tax return. To qualify, your dependent must be:</p> <ul style="list-style-type: none">• a child under the age of 13, or• a child, spouse or other dependent that is physically or mentally incapable of self-care and spends at least 8 hours a day in your household. <p>*NOTE: Unlike the Health Care FSA, you will only be reimbursed up to the amount that has been deducted from your paycheck for Dependent Care expenses.</p>

A sample list of qualified expenses eligible for reimbursement include, but are not limited to, the following:

- Ambulance service
- Chiropractic care
- Dental fees/Orthodontic fees
- Diagnostic tests/Health screenings
- Doctor fees
- Drug addiction/Alcoholism treatment
- Experimental medical treatment
- Eyeglasses/Contact lenses (corrective)
- Hearing aids and exams
- Injections & vaccinations
- Lasik surgery
- Mental healthcare
- Nursing services
- Optometrist fees
- Physician office visits
- Prescription drugs
- Medically necessary sunscreen
- Wheelchairs

Log on to <http://www.irs.gov/publications/p502/index.html> for additional details regarding qualified and non-qualified expenses.

Flexible Spending Accounts *(continued)*

FSA Guidelines

- Health Care FSA – your plan year ends December 31, 2016. **Note: You have a grace period at the end of your plan year that allows you to claim reimbursement for eligible expenses incurred through March 15, 2017.** Additionally you will have until March 31, 2017 to file claims for expenses incurred through the grace period (March 15, 2017).
- Dependent Care FSA - your plan year ends December 31, 2016. You will have until March 31, 2017 to file claims for expenses incurred through the end of the plan year (December 31, 2016).
- **Any unused funds after a plan year/your grace period ends and all claims have been filed cannot be returned to you nor carried forward to the next plan year.**
- You can enroll in either or both FSAs during the open enrollment period, new hire eligibility, or a qualifying event only.
- You cannot transfer money between FSAs.
- You cannot pay a dependent care expense from your Health Care FSA or vice versa.
- You cannot deduct reimbursed expenses for income tax purposes.
- You cannot be reimbursed for a service which you have not received.
- You cannot receive insurance benefits or any other compensation for expenses which are reimbursed through your FSAs.
- Domestic partners are not eligible, as federal law does not recognize them as a qualified dependent.

Filing a Claim

To file a claim, you must submit your completed claim form and include a copy of the receipt as proof of the expense. Once completed, you may submit your claim either by mail or fax. The IRS requires FSA participants to maintain complete documentation, including keeping copies of receipts for reimbursed expenses, for a minimum of one year. Mail claims directly to Chard Snyder.

Debit Card

FSA participants can request a debit card for payment of eligible expenses. Participants are able to pay for most qualified services and products at the point of sale versus paying out of pocket and requesting reimbursement. The debit card is accepted at a number of medical providers and facilities and most pharmacy retail outlets. *If you have a Health Care FSA, funds will be deducted first from the FSA until depleted and then from the HRA, when using the debit card.*

Chard Snyder may request supporting documentation for expenses paid with your debit card. Failure to provide supporting documentation, when requested, may result in suspension of your card and account until funds are substantiated or refunded back to the Village of Wellington.

Please Note: Be conservative when estimating your health and/or dependent care expenses. IRS regulations state that any unused funds which remain in your FSA after a plan year ends and all claims have been filed cannot be returned to you nor carried forward to the next plan year. This is known as the “USE IT OR LOSE IT” rule.

Basic Life and AD&D Insurance

Cigna

Customer Service: (800) 732-1603

www.cigna.com

Basic Term Life

The Village of Wellington provides Basic Term life insurance at no cost to eligible employees through Cigna. All full-time general employees are covered for a benefit amount of one times their basic annual salary, rounded to the next higher \$1,000, subject to a minimum of \$25,000 and a maximum of \$100,000.

All full-time benefit-eligible employees in the management class are covered for a benefit amount equal to two and a half times their basic annual salary, rounded to the next higher \$1,000, up to a maximum of \$350,000.

Accidental Death & Dismemberment

Wellington also provides Accidental Death & Dismemberment (AD&D) insurance which pays in addition to the Basic Term Life benefit when death occurs as a result of an accident. The AD&D benefit amount equals the Basic Term Life benefit and a partial benefit is also payable based on the schedule of benefits. For detailed coverages, exclusions and stipulations, please refer to the carrier's benefit summary or contact Cigna's Customer Service.

***Always remember to keep your beneficiary forms updated.
Beneficiary information may be updated at any time through BenTek.***

Voluntary Life and AD&D Insurance

Cigna

Customer Service: (800) 732-1603

www.cigna.com

Voluntary Employee Life Insurance

Eligible employees may elect to purchase additional Life insurance on a voluntary basis through Cigna. This coverage may be purchased in addition to the Basic Term Life and AD&D coverages. Voluntary Life insurance offers coverage for yourself, your spouse and your dependent children at different benefit levels.

New Hires can purchase Voluntary Employee Life insurance without having to go through Medical Underwriting, also known as Evidence of Insurability (EOI), up to the Guaranteed Issue amount of \$80,000.

- Units can be purchased in increments of \$5,000 from a minimum of \$10,000 to a maximum of 5x times salary up to \$300,000.
- Benefit amounts are subject to the following age reduction schedule:
 - 65% at age 65
 - 57% at age 70
 - 50% at age 75
- Employees may also purchase additional Accidental Death & Dismemberment Insurance. Voluntary employee AD&D is available in increments of \$5,000 to a maximum of 7x times salary, rounded to the next higher \$5,000, up to \$300,000.

Voluntary Life and AD&D Insurance *(continued)*

Voluntary Spouse/Domestic Partner Life Insurance

New Hires can purchase Voluntary Spouse/Domestic Partner Life insurance without having to go through Medical Underwriting, also known as Evidence of Insurability (EOI), up to the Guaranteed Issue amount of \$10,000.

- Employees must participate in the Voluntary plan for Spouse/Domestic Partner to participate.
- Spouse/Domestic Partner coverage is available in increments of \$5,000, not to exceed \$150,000.
- Spouse coverage benefit elections cannot exceed 50% of the employees Voluntary Life coverage amount.
- Coverage for Spouse/Domestic Partner Life insurance ends at age 70.
- Employees may also purchase Voluntary Spouse/Domestic Partner Accidental Death & Dismemberment insurance. Voluntary Spouse/Domestic Partner AD&D is available in increments of \$5,000 to a maximum of \$150,000.

Voluntary Dependent Life Insurance

- Employees must participate in the voluntary plan for unmarried dependent children to participate.
- A flat \$10,000 benefit is offered to child(ren) 6 months to 19 years of age or up to age 25 if unmarried and a full time student.
- Children 14 days to 6 months will be covered for a \$500 benefit.
- Voluntary Dependent Life Insurance can be purchased for a rate of \$2.33 per month and covers all children.
- Accidental Death & Dismemberment Insurance is included.

Short Term Disability Insurance

Cigna

Customer Service: (800) 732-1603

File a Claim: (800) 36-CIGNA (362-4462)

www.cigna.com

The Village of Wellington provides Short Term Disability (STD) insurance at no cost to all benefit-eligible employees through Cigna. Employees are eligible on the 1st of the month following 30 days of employment and must work a minimum of 30 hours per week.

STD Plan Summary

- The Short Term Disability program offers a benefit of 66.67% of weekly earnings up to a maximum of \$2,000 per week.
- An employee must be sick or incur a non-work related injury for 14 calendar days prior to becoming eligible for benefits.
- The maximum benefit period is 24 weeks.
- An employee unable to return to work after the 24 week maximum is exhausted will be automatically transitioned from Short Term Disability to Long Term Disability.
- Benefits may be reduced by other income.

Long Term Disability Insurance

Cigna
Customer Service: (800) 732-1603

File a Claim: (800) 36-CIGNA (362-4462)
www.cigna.com

The Village of Wellington provides Long Term Disability (LTD) insurance at no cost to all benefit-eligible employees through Cigna. Employees are eligible on the 1st of the month following 30 days of employment and must work a minimum of 30 hours per week.

LTD Plan Summary

- The Long Term Disability program offers a benefit of 66.67% of monthly earnings up to a maximum of \$10,000 per month.
- An employee must be disabled for 180 days prior to becoming eligible for benefits.
- Benefit payments will commence on the 181st day of disability.
- If you return to work on a part-time basis, you may continue to be eligible for partial benefits.
- Periodic evaluations will occur at the discretion of Cigna.
- Benefits will be payable for the first 24 months if the employee is unable to return to their own occupation.
- After 24 months, if the employee can return to any occupation in which they are suitably trained, educated, and capable of performing, the employee must return to that occupation.
- Benefits may be reduced by other income.

Employee Assistance Program

Aetna Resources for Living
24-Hour Help Line: (800) 272-7252
www.mylifevalues.com

Username: vwell
Password: vwell

Provided by the Village of Wellington at no cost to you, a comprehensive Employee Assistance Program (EAP) is available to you and each member of your family through Aetna Resources for Living. Aetna Resources for Living offers access to mental health professionals through a confidential program that is protected by state and federal laws. The EAP program is available to help you gain a better understanding of problems that affect you, locate the best professional help for your particular problem, and decide upon a plan of action. Counselors are available 24 hours a day, 7 days a week.

What is an Employee Assistance Program?

An Employee Assistance Program (EAP) offers covered employees and their family members/domestic partners free and convenient access to a range of confidential and professional services to help them address a variety of problems that can negatively affect their well-being such as:

- | | | |
|--------------------------------|-----------------------------------|-------------------------|
| • Anxiety | • Life improvement | • Grief and bereavement |
| • Legal and financial concerns | • Family and/or marriage problems | • Substance abuse |
| • Depression | • Stress | • Eldercare issues |

What is Aetna Resources for Life?

Wellington recognizes that employees' personal responsibilities may, at times, spill over into the workplace. To help ensure employees are able to address these concerns with minimal disruption, the program provides employees and their family members assistance through a variety of ways including face-to-face sessions, telephonic consultation, online work, life sessions and webinars.

Are your services confidential?

Yes. Receipt of EAP services is completely confidential. If, however, participation in the EAP is the direct result of a Management Referral (a referral initiated by a supervisor or manager), they will ask permission to communicate certain aspects of your care (attendance at sessions, adherence to treatment plans, etc.) to your supervisor/manager. The referring supervisor will not, however, receive specific information regarding your case. The supervisor will only receive reports on whether the referred employee is complying with the prescribed treatment plan.

Supplemental Insurance - Aflac

Aflac
www.aflac.com

Agent: Chris Teasdale
Phone: (561) 371-3843
Email: chris_teadale@us.aflac.com
Fax Claims To: (877) 442-3522

Aflac offers a variety of voluntary supplemental insurance plans that may be purchased separately on a voluntary basis and premiums paid by payroll deduction. Aflac pays money directly to you, regardless of what other insurance plans you may have. Available Aflac plans include:

- Accident Advantage Indemnity
- Hospital Advantage
- Cancer Care
- Critical Care
- Life Solutions

To learn more about these Aflac plans and/or schedule a personal appointment, contact Wellington’s Aflac Agent, Chris Teasdale, at (561) 371-3843.

Legal & Identity Theft Plan: LegalShield

LegalShield
Customer Service: (800) 654-7757
www.legalshield.com/info/standardplan

Agent: Don Thompson
Email: donthompson@legalshieldassociate.com
Phone: (239) 549-4746

LegalShield has over 40 years of experience providing legal protection to more than 1.4 million members. Our paid-in-advance partner law firms are ready to serve, not bill, with access to over 1,100 dedicated attorneys with 19 years average tenure. When necessary, you’ll also get access to over 5,000 additional attorneys, all ready to offer advice or assistance. LegalShield attorneys can help with all sorts of issues like traffic tickets, wills, financial issues, IRS Audits and so much more. From the trivial to the traumatic and everything in between, our attorneys will always be there to offer advice or assistance.

LegalShield Benefits (Covers Member, Spouse and unmarried Dependent Children (Up to age 21 Living at Home, College Students Up to age 23))

- Unlimited Personal or Business Advice
- Letters and Phone Calls Written on Your Behalf
- Documents and Contract Review (Up to 10 Pages)
- Comprehensive Will Preparation, Living Will and Health Care Power of Attorney
- Representation for Minor Moving Traffic Violations
- Representation for Major Traffic Violations such as Vehicular Homicide, Manslaughter, Negligent Homicide (not drug or alcohol related)
- Up to 2.5 Hours of help with Driver’s License Assistance, Personal Injury or Property Damage
- Mortgage Document Assistance
- Up to 300 Hours of Protection for Civil Lawsuits or Job Related Criminal Charges
- 50 Hours of Representation in an IRS Audit
- 24 Hours / 7 Days a Week Access for emergencies
- Receive a 25% Discount on any services not otherwise covered by your plan benefits

IDShield (Covers Member, Spouse, and Dependent Children (up to 8 minors under 18))

- Credit Monitoring and Updated Credit Score
- Monitoring of SSN, DOB, DMV, Passport, Medical ID, email, address, social media, credit cards, bank accounts, and more.
- Monitoring of payday loans, court documents, change of address, black surveillance websites.
- Lost Wallet Assistance
- \$5 Million Restoration Service Guarantee

Monthly Premiums	
LegalShield (Individual Coverage)	\$15.95
LegalShield (Family Coverage)	\$15.95
IDShield Plan (Individual Coverage)	\$8.95
IDShield Plan (Family Coverage)	\$18.95
LegalShield & IDShield (Individual Coverage)	\$24.90
LegalShield & IDShield (Family Coverage)	\$30.90

Retirement Plans

ICMA Retirement Corporation
Customer Service: (800) 669-7400
www.icmarc.org

Retirement Plan Specialist: Steven Feigelis
Office: (561) 963-1681
Cell: (202) 701-5969
Email: sfeigelis@icmarc.org

Florida Municipal Pension Trust
Customer Service: (800) 342-8112
www.flcretirement.com

Financial Analyst: Jeremy Button
Office: (800) 616-1513 x3625
Email: JButton@flcities.com

Wellington offers 457 Deferred Compensation programs through the ICMA Retirement Corporation and the Florida Municipal Pension Trust (FMPT) as follows:

- **Traditional 457 Plan:** Employees may set aside pre-tax dollars toward retirement savings through automatic payroll deductions, which reduces taxes that are paid out today. The money contributed to this type of account, including earnings, accumulates on a tax-deferred basis. Withdrawals of contributions and earnings are subject to Federal and State (if applicable) income taxes in effect at the time of withdrawal.
- **Roth 457 Plan:** Employees may set aside after-tax dollars toward retirement savings through automatic payroll deductions, which does not affect your current taxable income. Withdrawals of contributions will not be subject to income taxes as long as you are at least 59 ½ years of age, and your first Roth contribution was made 5 years prior to withdrawal. These contributions cannot be converted to pre-tax contributions once made.

2016 Limitations	
457	
Annual Deferral Limit for 457 Plans	\$18,000
"Pre-Retirement" Catch-Up Limit	\$18,000 (\$36,000 Total)
"Age 50" Catch-Up Limit	\$6,000 (\$24,000 Total)
IRA	
Maximum Annual Addition	\$5,500
"Age 50" Catch-Up Limit	\$1,000 (\$6,500 Total)

There is no employer matching for either of these programs, and both are subject to minimum and maximum participation amounts. Employees can choose to contribute to either or both types of 457 Deferred Compensation programs by contacting the representatives listed above.

Florida Retirement System

Division of Retirement
Phone: (850) 488-8837
www.myfrs.com

Address:
2639-C North Monroe Street
Tallahassee, FL 32399-1560

Florida Retirement System

The Village of Wellington participates in the Florida Retirement System (FRS) Plan for all full-time and OPS (Other Personnel Services) employees working in regularly established positions. Positions that are scheduled and budgeted as "lump sum" positions or are temporary or seasonal are not eligible.

The plan year is July 1 through June 30. Members are eligible for the Pension Plan benefit with 6 years of service vesting if enrolled before July 1, 2011 or with 8 years of service vesting if enrolled on or after July 1, 2011. One of the special features of membership in the FRS is portability — the ability to keep your retirement credit when you change FRS employers. This means if you separate employment with one FRS employer, and later go to work with any other FRS employer your service credit will be retained from your previous job and combined with the new service credit.

The monthly benefit payment you receive when you retire depends on your years of creditable service, retirement age, average final compensation, and the retirement plan options you select. The formula for calculating your monthly benefit will be provided upon enrollment.

Retiree Benefits

Medical, dental and vision insurance coverage is available for eligible retirees. The cost to the retiree is the amount billed to Wellington for the tier of coverage selected by the retiree. The retiree must remit payment to Wellington by the 10th of each month to continue coverage and payment shall be made in a manner specified by the Finance Department. The retiree's failure to pay insurance premiums as specified shall result in cancellation of their insurance coverage without notice.

Retirees pay the full premium for any plan(s) they choose. The retiree is responsible for paying the premium payment for retiree health coverage (health, dental, and vision). In the event the retiree fails to make timely payments, coverage will be cancelled retroactive to the beginning of the month for which the participant failed to make a payment. The retiree will be financially responsible for all payments made on the retiree's behalf by the health, dental, and vision plan(s) retroactive to the cancellation date.

There is a one-time request for reinstatement of coverage due to failure to make the monthly premium payment within the allowable grace period. Any further late payments outside of the allowable grace period will result in cancelation of coverage.

Enrollment

Employees must decide if they wish to continue their participation in the Village of Wellington medical plan, dental plan, and/or vision plan prior to the effective date of their separation. The enrollment rules are as follows:

1. The employee must continue in the current coverage plan.
2. The employee cannot add additional coverage.
3. If the employee already covers eligible dependents, coverage can continue as long as they each meet the dependent criteria requirements, as defined by the plan documents.
4. The employee cannot add dependents.
5. The employee can decrease dependents. (Dependents have option of coverage under COBRA)

Eligibility

Retiring employee must submit appropriate written notice to the Village of Wellington, a minimum of two weeks in advance of the retirement or separation date.

Employees Retiring with FRS Pension Plan or in DROP	Employees Retiring with FRS Investment Plan
<ol style="list-style-type: none">1. The employee must be employed by the Village of Wellington immediately preceding his/her retirement or separation date; and2. Be eligible for retirement because the employee meets the FRS' "years of service" requirement of 30 years of creditable service if enrolled in FRS before July 1, 2011, or 33 years of creditable service if enrolled in FRS on or after July 1, 2011; or3. The minimum vesting and age requirements of six (6) years of service and age 62 if enrolled in FRS before July 1, 2011, or eight (8) years of service and age 65 if enrolled in FRS on or after July 1, 2011; or4. Is eligible for an early benefit under FRS early retirement or FRS disability retirement provisions. <p>The employee must apply for retirement and begin receiving monthly retirement payments under the Florida Retirement System (FRS) Pension Plan.</p>	<ol style="list-style-type: none">1. The employee must take a distribution from their investment plan.2. The employee must be employed by the Village of Wellington immediately preceding their retirement or separation date, and have six (6) years of creditable service and age 62 if enrolled in FRS before July 1, 2011, or eight (8) years of creditable service and age 65 if enrolled in FRS on or after July 1, 2011; or3. Completion of 30 years of creditable service if enrolled in FRS before July 1, 2011, or 33 years of creditable service if enrolled in FRS on or after July 1, 2011 regardless of age, or4. Attain age 59½ (as specified by s. 72(t)(2)(A)(i) of the Internal Revenue Code) with six (6) years of creditable service if enrolled in FRS before July 1, 2011, or eight (8) years of creditable service if enrolled in FRS on or after July 1, 2011.

Medicare

For information on Medicare benefits, please refer to the following for assistance:

- 1-800-MEDICARE
- www.medicare.gov
- Your local Social Security Office

Other Benefits

Safety Shoes

Employees in eligible positions will receive an annual safety shoe benefit allowance of \$120.00 each January. The \$120.00 allowance is a taxable benefit as defined by IRS Rules and Regulations.

Credit Union of Palm Beach County

Wellington is a member of the Credit Union of Palm Beach County. All Wellington employees and their family members are eligible to participate in the credit union's services. Employees may direct that a specified amount of their net pay be forwarded to the Credit Union for checking, savings and loans.

Wellington Sponsored Seminars and Continuing Education Payment

From time to time, Wellington may request employees to attend seminars or continuing education courses consistent with their job title or position. Employees required to participate in these educational opportunities shall have the registration or other fees paid directly by Wellington.

The course work and exam time shall be considered regular hours worked when one of the following conditions is met:

1. Active work is performed for employer during the education
2. The education occurs during normal work hours
3. Wellington requires mandatory attendance
4. Attendance is related to current job

Workers' Compensation

Wellington Risk Management Department

Phone: (561) 791-4021

Fax: (561) 288-1741

Florida League of Cities

Customer Service: (800) 756-3042

The Village of Wellington is providing Worker's Compensation through the Florida Municipal Insurance Trust. Your local representative is the Florida League of Cities.

On the job injuries must be reported immediately to your Manager/Supervisor and to the Risk Management Department. Upon being notified of an on the job injury, the Risk Management Department will direct you to an approved physician. **Non-emergency treatment must be rendered by an approved physician and be pre-authorized or payment will be your responsibility.** In the event of an emergency, please proceed immediately to the nearest emergency facility. When possible, notify your Manager / Supervisor and the Risk Management Department before obtaining treatment or notify them as soon as you are physically able to, after obtaining medical treatment.

Workers' Compensation Overview

- On the job injuries must be reported immediately to your Supervisor and the Risk Management Department.
- The Risk Management Department will direct you to an approved physician.
- Non-emergency treatment must be rendered by an approved physician.
- If you are not satisfied with your physician, you may send a written request for a change of physicians once during the course of your treatment. Refer to your initial Worker's Compensation informational package for contact information.
- Whenever feasible, Wellington will provide temporary work to accommodate activity limitations identified by your approved physician.
- Your authorized physician is the only person that can determine that you cannot work, in which case you will be eligible to receive lost wages benefits.
- If you feel you have not received appropriate medical treatment, contact the Risk Management Department regarding the Grievance / Complaint procedure.

Benefits At-A-Glance

Benefit	Employee Eligibility	Initial Enrollment Eligibility
COBRA	Regular & Supplemental, Full-time	Upon occurrence of a COBRA qualifying event
Deferred Compensation Plan 457(b) with ICMA & Florida Municipal Pension Trust Fund	Regular & Supplemental, Full-time	Upon employment
Employee Assistance Program (EAP)	All Permanent Employees	Upon employment
Medical, Dental, Vision, Life, Long- & Short-Term Disability, Health Reimbursement Accounts. Optional Benefits: Voluntary Life, Aflac Supplemental Insurance & Pre Paid Legal Plan	Regular & Supplemental, Full-time	1st of the month following 30 days of employment
Family Medical Leave	All Employees	Upon occurrence (must meet FMLA criteria)
Florida Retirement System Plan	Regular & Supplemental, Full-time & OPS	Upon employment
Paid Bereavement Leave	Regular & Supplemental, Full-time	Upon occurrence following 90 days of employment
Paid Holiday(s)	Regular & Supplemental, Full-time	Upon occurrence of Wellington observed holidays.
Paid Jury Duty Leave	Regular & Supplemental, Full-time	Upon occurrence
Paid Major Illness Leave	Regular & Supplemental, Full-time	Following 90 days of employment
Paid Military Leave	Regular & Supplemental, Full & Part-time	As specified by applicable law
Paid Time Off (PTO) Celebration PTO	Regular & Supplemental, Full-time Regular & Supplemental, Full-time	Following 90 days of employment
Paid Witness Duty Leave	Regular & Supplemental, Full-time	Upon occurrence
Safety Shoe Allowance	Designated positions	Upon employment/assignment to designated position
Seminars & Continuing Education	All Employees	As specified by management
Travel Reimbursement	All Employees	Upon occurrence for travel authorized in advance by the department director
Uniforms	Designated Positions	Upon employment/assignment to designated position
Workers' Compensation	All Employees	Upon employment
<i>Receipt of benefits under these programs is subject to applicable terms, conditions, and laws related to each individual program.</i>		

Notes

Use this section to make notes regarding your personal benefit plans or to keep track of important information such as doctor's names and addresses or prescription medications.

[illegible]

Notes

Use this section to make notes regarding your personal benefit plans or to keep track of important information such as doctor's names and addresses or prescription medications.

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GEHRING GROUP

11505 Fairchild Gardens Ave., Suite 202
Palm Beach Gardens, Florida 33410
Toll Free: (800) 244-3696; Fax: (561) 626-6970
www.gehringgroup.com